

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 445-7653



July 30, 1982

ALL-COUNTY INFORMATION NOTICE I-98-82

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FEEDBACK ABOUT CHILD WELFARE SERVICES ASSESSMENT
AND SERVICE PLAN WORKSHOPS

This is to provide you with feedback from the regional workshops conducted by Family and Children's Services Program Operations Bureau staff during April and May on CWS Assessments and Service Plans. These workshops were held to provide the participants with information about minimum standards acceptable to the State and to practice writing assessments and service plans that were consistent with these standards.

Counties' enthusiasm and requests for space at the workshop resulted in eight additional workshops. Approximately 650 staff from 53 counties actively participated in the 14 regional workshops.

Documenting Assessments, Service Plans and Reassessments

During the workshops participants were given clarification of the minimum documentation requirements for assessments, service plans and reassessments acceptable to DSS in future CPS and Out-of-Home Care for Children program compliance reviews.

We conveyed the message that case documentation needs to include:

- . Identification of the problem requiring CWS intervention.
- . The changes to be brought about within a prescribed time frame.
- . The planned actions to be taken to bring about the desired changes.
- . Facts documenting need for continued intervention or for closing of case.

A minimally acceptable written assessment must include a statement which specifies the major problems or circumstances (for the child(ren)) which requires child welfare services intervention. By reading the written assessment a reasonable person reviewing the case should be able to share in the conclusion regarding the need or lack of need for services and the basis for the agency providing child welfare services.

State Department of Social Services' Regulation MPP Section 30-009.226 and 30-009.227 requires initial assessments to be completed within 30 days of the initial face-to-face contact with the child or parent.

Service plan documentation consists of time-limited objectives and a statement of the planned actions to be taken to achieve the objectives. An objective is a result-focused statement describing the desired change that the worker expects to bring about within a defined time frame as a result of services. The objective must be case related and respond to the problem(s) identified in the assessment.

The documentation for planned actions should designate the individual (client, worker, or significant other individual) responsible for carrying out the services in their specific time frame.

MPP Section 30-009.24 delineates the service plan requirements.

The reassessment documentation specifies whether the planned actions occurred, to what extent the objectives have been achieved, and whether the problems which required child welfare services intervention still exist. Refer to MPP Sections 30-109.35 and 30-209.2 for further details.

Please refer to the training concept paper entitled "Child Welfare Services Assessment and Service Plan" dated April 1982 for further information.

Critical Issues

A number of key issues were identified through the training sessions.

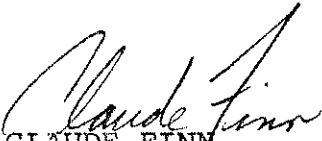
1. One of the more difficult issues was the concept of objectives as identifying the desired results of child welfare services. This problem usually resulted from the assessment statement being written in global or unspecific terms. For instance, after reviewing one sample case

record, participants frequently defined the problem to be that of medical neglect. A preferable problem statement would have been more descriptive and focused on the untreated sores found on the children. Participants could then determine the desired objective by asking the question, what changes for the child do we want to bring about as a result of services? We believe an appropriate objective in this situation would be elimination of untreated sores within two weeks and/or treatment of sores. The practice sessions in writing objectives brought out that although workers believe they are being clear about the problem to be worked on and how they will go about servicing the family, they are often not certain about what the end results of their services should be. Furthermore, if the desired results are not identified ahead of time, it is not possible for staff to determine progress in the case and/or when it is appropriate to close the case. This is the value of a clear objective statement. It provides the family with protection against unwarranted agency involvement. It also reduces unnecessary resource expenditure by the department.

2. A second issue concerned child vs. parent-focused situations. For example, in one case situation participants defined numerous problems or severe mental health issues on the part of the parent. In one case a significant portion of the subgroups defined the problem requiring CWS involvement as that of "paranoid schizophrenic mother". Focusing the groups on determining what the child welfare issue was usually proved difficult. If the mother was indeed paranoid schizophrenic and was caring for the infant properly, there would be no cause for intervention. Moreover, if this woman did not have a child, the CWD, as a child welfare agency, would not be involved. These examples proved effective in focusing assessment statements on the unmet needs of the child.
3. A third issue concerned the difference in roles between the CWS supervisor and the State staff consultant. It was made clear that it is the responsibility of each county welfare department to determine what types of cases required CWS intervention using the law and community standards as guidelines and that the role of the supervisor is to provide workers with direction on the appropriateness of the casework. State staff are responsible for determining that minimally acceptable standards, as defined by regulations, are being met. State staff would not interfere with professional judgments made by the worker and supervisor as long as assessments, objectives and service plans are congruent.

If you have questions, please contact your Family and Children's Services Program Management Consultant at (916) 445-7653 or ATSS 485-7653.

Sincerely,

A handwritten signature in cursive script, appearing to read "Claude Finn".

CLAUDE FINN
Deputy Director
Adult and Family Services Division

cc: CWDA